

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ acknowledge that I have voluntarily requested to participate in the following activities:

City of Albany Department of Recreation's 1609 Fitness Challenge from June 16th to August 23rd.

I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS AND THAT I COULD BE PHYSICALLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

Parent or Guardian's initials (if under 18): _____

As consideration for being permitted by the City of Albany to participate in the activity referenced above, I forever release the City of Albany, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in the activity described above, (ii) the negligence or other acts, whether directly connected to this activity or not, and however caused, by any Releasee, or (iii) the condition of the premises where this activity will occur, whether or not I am then participating in the activity.

I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF ALBANY AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of this activity and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed on _____.
(insert date)

PARTICIPANT/RELEASOR

(Signature)

(Print Name)

(Address)

PARENT OR GUARDIAN

(Signature)

(Print Name)

(Address)

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.